# Complete Summary

#### TITLE

Management of labor: percentage of women who are assessed for risk status on entry to labor and delivery.

# SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 73 p. [129 references]

#### Measure Domain

#### PRIMARY MEASURE DOMAIN

#### **Process**

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the <u>Measure Validity</u> page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

#### **Brief Abstract**

# **DESCRIPTION**

This measure is used to assess the percentage of women who are assessed for risk status on entry to labor and delivery.

# **RATIONALE**

The priority aim addressed by this measure is to increase the percentage of women who are assessed for risk status on entry to labor and delivery.

#### PRIMARY CLINICAL COMPONENT

Pregnancy; 20-minute fetal heart rate (FHR) assessment; patient assessment; prenatal risk review; risk in labor assessment

#### DENOMINATOR DESCRIPTION

Number of women who present in labor

# NUMERATOR DESCRIPTION

Number of women with evidence of assessment for risk status on entry to labor and delivery to include:

- 20-minute fetal heart rate (FHR) assessment
- Patient assessment
- Prenatal risk review
- Risk in labor assessment

#### Evidence Supporting the Measure

# EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

Management of labor.

#### Evidence Supporting Need for the Measure

# NEED FOR THE MEASURE

Unspecified

#### State of Use of the Measure

STATE OF USE

Current routine use

**CURRENT USE** 

Internal quality improvement

#### Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

**UTILIZATION** 

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

#### IOM DOMAIN

#### Effectiveness

#### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

All women who present in labor

Any one of several possible data collection methods may be used by the medical group to capture data for this population.

- 1. Data may be obtained retrospectively by a chart audit (using a minimum sample of 20 charts per month) of all women presenting in labor.
- 2. Data may be obtained through discharge abstract coding or other data base from the hospital.
- 3. The hospital may send the medical group a copy of the labor and delivery summary sheet.

The suggested time frame for data collection is monthly.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions Number of women who present in labor

Exclusions Unspecified

# DENOMINATOR (INDEX) EVENT

Clinical Condition Institutionalization

### DENOMINATOR TIME WINDOW

Time window is a single point in time

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Number of women with evidence of assessment for risk status on entry to labor and delivery to include:

- 20-minute fetal heart rate (FHR) assessment
- Patient assessment
- Prenatal risk review
- Risk in labor assessment

Exclusions Unspecified

# NUMERATOR TIME WINDOW

Encounter or point in time

#### **DATA SOURCE**

Administrative data Medical record

# LEVEL OF DETERMINATION OF QUALITY

Individual Case

### PRE-EXISTING INSTRUMENT USED

Unspecified

#### Computation of the Measure

#### **SCORING**

Rate

# INTERPRETATION OF SCORE

Better quality is associated with a higher score

# ALLOWANCE FOR PATIENT FACTORS

Unspecified

# STANDARD OF COMPARISON

Internal time comparison

#### **Evaluation of Measure Properties**

# EXTENT OF MEASURE TESTING

Unspecified

#### Identifying Information

#### ORIGINAL TITLE

Percentage of women who are assessed for risk status on entry to labor and delivery.

# MEASURE COLLECTION

Management of Labor Measures

#### **DEVELOPER**

Institute for Clinical Systems Improvement

#### **ADAPTATION**

Measure was not adapted from another source.

#### RELEASE DATE

2002 Oct

### **REVISION DATE**

2005 Oct

#### **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Intrapartum fetal heart rate management. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Oct. 27 p.

# SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 73 p. [129 references]

# MEASURE AVAILABILITY

The individual measure, "Percentage of women who are assessed for risk status on entry to labor and delivery," is published in "Health Care Guideline: Management of Labor." This document is available from the <u>Institute for Clinical Systems Improvement (ICSI) Web site.</u>

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: <a href="https://www.icsi.org">www.icsi.org</a>; e-mail: <a href="https://www.icsi.org">icsi.info@icsi.org</a>.

#### NQMC STATUS

This NQMC summary was completed by ECRI on February 25, 2003. The information was verified by the measure developer on December 4, 2003. This summary was updated by ECRI on January 8, 2004, December 23, 2004 and again on November 21, 2005.

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